## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 591170**

FILED Apr 30, 2009 Secretary of State

Entity Name: SILVERS SYSTEMS INCORPORATED.

Current F	Principal Place	e of Business:	New Principal Place	e of Business:
2430 30 A ST. PETE	VE N RSBURG, FL	33713		
Current N	Mailing Addres	ss:	New Mailing Addres	ss:
2430 30 A ST. PETE	VE N RSBURG, FL	33713		
FEI Numbei	r: 59-1852359	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and	d Address of C	Current Registered Agent:	Name and Address	of New Registered Agent:
2430 30 Á	, HAZEL A NVE N RSBURG, FL	33713 US		
The above			purpose of changing its registere	ed office or registered agent, or both,
The above	e named entity te of Florida. IRE:	submits this statement for the		ed office or registered agent, or both,
The above in the Stat	e named entity te of Florida. IRE:			ed office or registered agent, or both,  Date
The above in the Stat SIGNATU	e named entity te of Florida. IRE: Electror	submits this statement for the		
The above in the Stat SIGNATU Election Ca	e named entity te of Florida. IRE: Electror	submits this statement for the nic Signature of Registered Ag	ent	
The above in the Stat SIGNATU Election Ca	e named entity te of Florida.  RE: Electror  Impaign Financin	submits this statement for the nic Signature of Registered Agg Trust Fund Contribution ( ).  TORS:  Delete EL A BRIDGE BLVD	ent	- Date
The above in the State SIGNATU  Election Ca  OFFICER  Title:  Name:  Address:	e named entity to of Florida.  IRE:  Electron  Impaign Financin  IS AND DIRECT  SD (  SILVERS, HAZ  11666 WOODE  SEMINOLE, FL	submits this statement for the nic Signature of Registered Agg Trust Fund Contribution ( ).  TORS:  ) Delete EL A BRIDGE BLVD  ) Delete HAEL J. TE CIR E.	ADDITIONS/CHANG Title: Name: Address:	Date  ES TO OFFICERS AND DIRECTORS

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL J SILVERS PD 04/30/2009